

Chosen Lives Co-operative Limited

Chosen Lives Co-operative Limited

Inspection report

24-28 Meriden Street
Coundon
Coventry
West Midlands
CV1 4DL

Tel: 02476224907

Date of inspection visit:
25 October 2018

Date of publication:
20 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection site visit took place on 25 October 2018 and was announced.

Chosen Lives Co-operative Limited provides care and support to people living in a supported living' setting, so that they can live as independently as possible. It provides personal care to adults with learning disabilities in one shared building. Up to eight people can receive a service.

The service is a co-operative which is run by its members. This includes the people who receive a service, the provider's management team and independent advisors. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were five people using the service at the time of this inspection and one person was in receipt of the regulated activity personal care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in November 2016, the service was rated 'Requires Improvement'. This was because we identified improvement was required in two of the five key questions we inspect against. These were safe and well-led. We identified one breach in the Regulations associated with the Health and Social Care Act 2008. (Regulated) Regulations 2014. The breach was in relation to the service not being effectively monitored and assessed to improve the quality and safety of the service provided to people.

The provider sent us an action plan following that inspection which informed us the required improvements would be completed by 12 April 2017. During this inspection we checked and found the improvements had been made. This meant sufficient action had been taken in response to the breach in regulation. The rating has changed to good.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

People felt safe. Staff completed safeguarding training and procedures were in place to protect people from harm. Staff knew how to manage risks and risk management plans contained the information staff needed to provide care and support to people in the safest possible way. A system to record and monitor accidents and incidents that occurred was in place.

Staff were recruited safely and there were enough staff to provide the care and support required. Staff had received an induction when they had started work at the service. A programme of regular training helped staff to keep their skills and knowledge up to date.

Medicines were administered as prescribed by trained and competent staff. Medicine audits took place so if any errors were identified prompt action could be taken.

Staff understood their responsibilities in relation to infection control which protected people from the risks of infection. People's nutritional needs were met. Staff worked in partnership with other health professionals to support people to maintain their health and well-being.

People had opportunities to maintain relationships that were important to them. Staff spoke with people in a respectful way. People were supported to be independent. They were treated with dignity and their right to privacy was respected.

Detailed communication plans described the way people communicated and how staff should engage with them. Care records were up to date and showed the inclusion of the person which included their likes, dislikes and routines.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were involved in the ongoing development and running of their co-operative. They also had opportunities to provide feedback about the service they received.

A system was in place to manage complaints about the service. No complaints had been received about the service since our last inspection.

People felt the service was well led. Staff enjoyed working at the service and they received management support through individual and team meetings.

We saw a system of effective audits and checks were completed to ensure the safety and quality of the service was maintained.

The registered manager understood the responsibilities and the requirements of their registration and they used different methods to ensure they kept their knowledge of legislation and best practice up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe. Risk assessments helped staff to provide safe care. Staff were recruited safely and enough of them were employed to meet people's needs. Procedures were in place to keep people safe. Staff were aware of the provider's safeguarding procedures and knew what action to take if they suspected abuse. Medicines were managed safely by the service. A system was in place to monitor and review accidents and incidents that happened. Staff understood their responsibilities in relation to infection control.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well-led.

People felt the service was well led and were involved in the ongoing development and running of the co-operative. Staff enjoyed working at the service and felt supported by their managers. People had opportunities to provide feedback about the service they received. Effective audits and checks were completed to ensure the safety and quality of the service was maintained. The registered manager understood the responsibilities and the requirements of their registration.

Chosen Lives Co-operative Limited

Detailed findings

Background to this inspection

The office visit took place on 25 October 2018 and was announced. We told the registered manager 48 hours before our visit we would be coming so they could make sure they would be available and arrange for us to speak with their staff. The inspection team consisted of one inspector.

We inspected the service because it was previously rated 'Requires improvement' and it was time for us to return to check whether the necessary improvements had been made.

Before our inspection we reviewed the information, we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with local authority commissioners. They did not have any information they needed to share with us. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed information the provider had sent us in the Provider Information Collection (PIC). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our inspection visit we found the information contained in the PIC accurately reflected how the service operated.

During our visit we spoke with one person who used the service. We also spoke with the registered manager, the operations manager and three staff members. We used this information to form part of our judgements.

We reviewed the care records of one person to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

At our last inspection we rated the safety of the service as 'Requires Improvement'. This was because the systems in place to support people to manage their finances was not sufficient. This placed people at potential risk of financial abuse. During this inspection we checked and found action had been taken and improvements had been made. The rating has changed to Good.

We found daily, and weekly financial audits had been completed to ensure all monies were accounted for. The registered manager said, "We have really improved the way we support people with their finances and I am confident things are better now." A staff member told us there had been no financial discrepancies since the additional checks had been introduced. Records of audits we reviewed confirmed improvements had been made.

Risk management plans provided staff with the up to date information they needed to provide care and support in the safest possible way. For example, one person was at risk of falling and to reduce this risk they were accompanied by staff whenever they went out. The person told us they also chose to go out in a wheelchair. They explained this made them feel safe because it prevented them from tripping on uneven pavement slabs. Our discussions with staff assured us they knew how to minimise and manage known risks. Records confirmed risk management plans were regularly reviewed and updated.

Medicines were managed and administered safely by the service. Medicine administration records we reviewed confirmed medicines had been given as prescribed. Records showed staff had received training to administer people's medicines safely and their competencies were assessed by a manager to ensure they remained safe to complete this task. A series of medicine audits and checks took place so if any errors were identified prompt action could be taken.

Procedures were in place to protect people from harm. The provider's safeguarding procedure was displayed in communal areas of the building which informed people how and who they could contact if they felt unsafe.

Records showed staff had attended safeguarding adults training which included information on different types of abuse such as, physical and financial. Staff members confidently explained how to raise any concerns and the signs to look for to indicate people were potentially being abused. For example, changes in their behaviour or unexplained bruising to their skin. Whilst staff felt confident the management team would take action if they did raise concerns one said, "I could phone social services or CQC (Care Quality Commission) if managers didn't take any action."

Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. They knew how to correctly report any safeguarding concerns to the local authority which meant any allegations of abuse could be investigated.

A system to record accidents and incidents that occurred was in place. A manager regularly reviewed

completed accident and incident reports to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

The provider's recruitment procedures minimised as far as possible the risks to people's safety. Staff members confirmed they were not able to start work at the service until their disclosure clearance had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services.

We saw sufficient numbers of staff were employed to provide the care and support people required. When we asked one person if they received their care when they needed it they told us, "Yes, always." Staff members confirmed they were allocated sufficient time on their rota's to provide the support required. A 'keyworker system' was in place which the operations manager told us provided consistency and continuity for people. A keyworker is a named member of staff who is responsible for ensuring a person's needs are met.

Staff members had received training which supported them to understand their responsibilities in relation to infection control which protected people from the risks of infection. One staff member told us, "It's very important to wear gloves and aprons, such as, when we prepare food or assist with personal care."

Is the service effective?

Our findings

At this inspection, we found people continued to receive effective care and support and staff supported people to make their own choices. The rating continues to be Good.

New staff received the support and training they needed to be effective in their roles when they started work at the service. They also completed the Care Certificate as part of their induction programme. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected for health and social care workers. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

A programme of on-going training helped staff to keep their skills and knowledge up to date. Staff spoke positively about the training provided. One said, "We have good training from an external company. It's really good and really supports my learning." Checks to ensure staff members put their training into practice and to check they were competent to carry out their roles were completed.

In addition to training staff received individual support through regular one to one meetings to help guide them with their work. Staff told us this made them feel supported to continually develop and improve their working practices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible.

We checked and found the provider was working within the requirements of the MCA. The registered manager understood their responsibilities under the Act. People who used the service had capacity to make their own decisions and [staff] understood the principles of the MCA. For example, they respected people's decisions to refuse care.

People's received the support needed to meet their nutritional needs if this was part of their planned care. One person said, "I choose what to eat and they (staff) help me." Staff knew what people liked to eat and drink and understood their dietary requirements. For example, they knew one person was at risk of choking on food, so they encouraged them to eat soft foods such as, omelettes.

Records showed the staff team worked in partnership with other health and social care professionals such as speech and language therapists and GPs. This meant people received the support they needed to maintain their well-being and health.

Is the service caring?

Our findings

At our last inspection, 'caring' was rated as 'Good'. At this inspection people continued to receive the same level of caring support. The rating continues to be Good.

One person described the staff who provided their care and support as 'nice and lovely'. When we asked them if they were treated kindly they replied, "Yes, I am. We all get on good ... just like a house on fire."

Staff told us they enjoyed working at the service. One said, "I love my job. I have a great relationship with (Person). Over the years I've seen them grow and we have developed a friendship."

When interacting with people in communal areas of the building we saw staff spoke with people in a respectful way. A new member of staff spoke about their first impressions when they started working at Chosen Lives. They told us, "This is a lovely place I'm really enjoying it so far. I think the staff are brilliant and people come first."

The registered manager told us they were committed to providing good quality care to people. They said, "We are small and personalised, we see each other as an extended family, some people have chosen to live together for nearly 30 years."

We saw people had opportunities to maintain relationships that were important to them. All of the people who received a service from chosen lives had lived together in the same building for many years.

People were supported and encouraged to maintain their independence. The registered manager told us, "Everything we do is centred around people living their lives as they choose to so do. We are chosen lives after all." Staff explained because they knew people well they were able to promote their independence in a variety of ways. For example, they encouraged one person to complete household tasks and they also helped them to put on their socks and shoes.

People's right to privacy was respected. One person said, "They (staff) knock the door before they come in my room." A staff member commented, "People having personal space is really important." Another said, "We have had training in equality and diversity which supported us to understand and respect people's cultures and lifestyle choices."

People's records, which contained personal information, were stored securely. Our discussions with staff and managers demonstrated they understood the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found staff continued to be responsive to people's needs. Therefore, the rating continues to be Good.

The registered manager told us one of the services aims was to, "Give people a voice." One person told us this aim was achieved because they were supported to, "Do, whatever they wanted." Staff members provided examples of how they had enabled people to achieve their 'goals' and outcomes' in line with their wishes. For example, one person was supported to visit their friends in their local community. The operations manager told us they were really proud of the positive difference the service made to people's lives.

We saw detailed care plans and 'life histories' were in place which meant staff had information about how people wanted to be supported. Care records we reviewed were up to date and showed the inclusion of the person their likes, dislikes and routines. Our discussions with staff assured us they knew how to respond to people's needs. One told us, "(Person) can get a bit anxious sometimes. I offer reassurance as talking to them makes them feel calm."

People felt communication at the service was good. We saw people visited the office throughout our visit to talk with the staff team. Staff members completed records when they had provided people with assistance. We observed this information was shared through a handover meeting at the start of each shift. This ensured staff had the information they needed to support people and respond to any changes in their needs.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get the information that they need in a format that they can understand. The provider recognised people's different levels of communication. Detailed communication plans described the way people communicated and how staff should engage with them. For example, one person's care plan described their non-verbal behaviours and what these meant, such as making a particular noise to indicate they were feeling happy.

The provider ensured information was accessible for people. Minutes of meetings were in a pictorial easy read format, as were the complaints and safeguarding procedures.

A system was in place to manage complaints about the service. One person said, "Nothing wrong so no complaints." Staff members knew how to support people if they wanted to complain or raise a concern. One told us, "I would listen to the person and then tell the manager, so the issue could be resolved." Records showed us no complaints had been received about the service since our last inspection.

Is the service well-led?

Our findings

At our last inspection we rated well led as 'Requires Improvement'. At the time of the inspection the service had had experienced a period of change and instability. Co-operative committee members had resigned from their roles and the registered manager had been absent from the service for a period of time. This resulted in a lack of managerial oversight at the service. Whilst people had not been affected by the changes the provider had failed to continually assess, monitor and improve the quality and safety of the service provided to people. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan which informed us they would take action to make the required improvements by April 2017. They planned to recruit a deputy manager to support the registered manager. Also, by working in partnership with a local voluntary action group they hoped to source committee advisory members.

At this inspection we found sufficient improvements had been made and the service was no longer in breach of the regulation. The rating has changed to Good.

In August 2018 an operations manager had been appointed by the co-operative. The operations manager told us their role included working alongside the registered manager to continually monitor and review the service to ensure compliance with regulations. Records showed a new advisory committee member had also been appointed to provide independent support and advice to the committee.

We saw a system of effective audits and checks were completed to ensure the safety and quality of the service was maintained. For example, finance and medicine audits showed us no discrepancies or errors had been identified. This assured us lessons had been learnt when things had gone wrong. The registered manager said, "It was all too much as I was trying to do everything by myself when you came last time. I couldn't do everything. I am feeling really supported now and I am positive about the future now."

People told us they felt the service was well led. One person commented, "(Registered manager) and (operations manager) are good." Staff demonstrated they had a clear understanding of their roles and responsibilities and what was expected of them. They spoke positively about the registered manager and told us since our last inspection 'things had settled down for the better' and staff moral had improved.

Staff confirmed their managers were available whenever they needed them because they had an 'open door policy.' Also, the provider operated an 'on-call' system so staff could seek management support outside of normal office hours.

Regular team meetings took place which gave staff the opportunity to discuss any issues of concern and ideas for improvement with their managers. One said, "Meetings are really good. We all get a chance to say how we think things are going and what could be changed."

People who received a service were all active members of the committee and were involved in the ongoing development and running of their co-operative. The committee met monthly to make decisions about the running of the service. Minutes from a meeting held in June 2018 showed us the decoration of communal areas of the building and staff recruitment had been discussed.

We saw quality questionnaires were available in a communal area of the building so people could provide feedback about the service. People also had the opportunity to attend 'tenant's meetings' and regular organised events, for example, 'Chippy and chat nights' where people sat together eating fish and chips. The aim being to create an informal environment where people could share their views. The registered manager told us they would take action to make improvements if people felt they were required.

The registered manager used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, the day before our visit they had attended a training course along with the operations manager to increase their understanding of the regulations associated with the Health and Social Care Act 2008. They told us they planned to share their learning with [staff] to support them in driving improvement within the service.

The registered manager understood the responsibilities and the requirements of their registration. For example, we had received notifications from the service as required so we were able to monitor any changes or issues within the service. They had also completed the Provider Information Collection (PIC) as required by Regulations. We found the information in the PIC was an accurate assessment of how the service operated.

It is a legal requirement for the provider to display their latest CQC ratings to ensure the public have information about the services rating. We saw the rating was displayed on their website.